

45<sup>th</sup> 11/18/17 / 70<sup>th</sup> 12/13/17

OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X3) DATE
Cathy M. Howe	Executive Director	10-23-17

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: TN0002

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445244	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  10/03/2017
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF CLEVELAND			STREET ADDRESS, CITY, STATE, ZIP CODE 3530 KEITH ST NW CLEVELAND, TN 37311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 131	Continued From page 1 failed to maintain the occupancy separation 2 hour fire wall assembly. This deficiency affected 1 of 11 smoke compartments.  NFPA 101, 19.7.6 NFPA 101, 19.1.3.3(2)  The finding includes:  Observation and interview with the maintenance director on 10/3/17 at 1:37 PM revealed the two hour separation from the assisted living 90 minute fire door had through holes in the top of door and the door did not latch due to the strike plate being removed.  The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 10/3/17.		3. a) The Maintenance staff will audit fire doors weekly going forward using the facilities TELS system.  4. a) Maintenance Director will present the results of the audit to the Performance improvement committee.  b) The performance committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Activities, Staff Development Coordinator, will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process/ revised, and or the audits reviewed for three months or until 100% compliance is achieved.	10/27/17	
K 281 SS=E	NFPA 101 Illumination of Means of Egress  Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure illumination of means of egress shall be continuously in operation per the requirements of:  NFPA 101, 2012 Edition 19.2.8, 7.8  The deficiency affected 3 of 11 smoke compartments.	K 281	1. a) On October 4, 2017, the maintenance staff replaced the night light bulbs in rooms 39, 45, 53, 57, and 60.	10/27/17	

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K 363	Continued From page 3 or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 416, 460, 462, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain corridor doors. This deficiency affected 2 of 11 smoke compartments.  NFPA 101, 19.7.6 NFPA 101, 19.3.6.3.5  The findings include:  Observation and interview with the maintenance director on 10/3/17 revealed resident room doors 82, 98, and 101 either failed to latch or required excessive force to close to a positive latch.  The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 10/3/17.	K 363	2. a) On October 4, 2017, the maintenance staff audited all facility corridor doors to verify the corridor doors throughout the facility will close to a positive latch. No others were affected by the alleged deficient practice.  3. a) The Maintenance staff will audit corridor doors monthly going forward using the facilities TELS system to ensure proper closure.  4. a) Maintenance Director will present the results of the audit to the Performance improvement committee.  b) The performance committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Activities, Staff Development Coordinator, will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process/ revised, and or the audits reviewed for three months or until 100% compliance is achieved.	10/27/17	10/27/17
K 920 SS=E	NFPA 101 Electrical Equipment - Power Cords and Extens  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment	K 920		10/27/17	

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K 920	Continued From page 4 (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide power strips in patient care areas for patient-care-related electrical equipment (PCREE) and non-PCREE that meet UL 1363A or UL 60601-01 for PCREE and UL 1363 for non-PCREE per the requirements of:  NFPA 99 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 400-8 & 590.3 (D)  This deficiency affected 3 of 11 smoke compartments.  The findings include:  Observation and record review with maintenance on 10/3/17 between 12:47 PM and 2:30 PM revealed power strips not being used or located correctly in the following areas;	K 920	1. a) On October 4, 2017, the maintenance staff removed all non-medical items that were in use with the power strips in rooms 40, 59, and 56. In rooms 45 and 60 the 1363 power strips were removed completely and will be replaced with quad receptacles. 2. a) On October 4, 2017, the maintenance staff audited all facility power strips. No others were affected by the alleged deficient practice. 3. a) The maintenance staff will audit power strips monthly going forward using the facilities TELS system. 4. a) Maintenance Director will present the results of the audit to the Performance Improvement committee. b) The performance committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Activities, Staff Development Coordinator, will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process/ revised, and or the audits reviewed for three months or until 100% compliance is achieved.	10/27/17  10/27/17  10/27/17  10/27/17

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K 920	Continued From page 5		K 920		
	<p>1. Resident rooms 40, 49 and 56, have personal items plugged into a power strip rated UL 1363A. A 1363A or UL 60601-1 power strip is only for medical equipment.</p> <p>2. Resident rooms 45 and 60, have UL 1363 power strips located at the head of the resident bed. UL 1363 power strips can only be used for personal items outside the vicinity of patient care.</p> <p>Maintenance was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 10/3/17.</p>				